UNITED STATES DISTRICT COURT

for the

Western District of Texas							
MEDICAL INSTITUTE FOR SEXUAL HEALTH)))							
Plaintiff(s)							
)	Civil Action No. 1:17-cv-960						
v.)	CIVII ACTIOII NO. 1.17-60-900						
et al.)							
Defendant(s)							
SUMMONS IN A CIVIL ACTION							
To: (Defendant's name and address) Expert Health Data Programmin c/o Lynn Denton 5211 Avenue G Austin, TX 78751 USA	ng, Inc.						
A lawsuit has been filed against you.							
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Debra Coleman Coleman & Coleman, P.C. P.O. Box 161957 Austin, TX 78716							
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.							
	CLERK OF COURT						
Data							
Date:	Signature of Clerk or Deputy Clerk						

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 1:17-cv-960

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

	This summons for (na	me of individual and title, if any	·)				
was rec	ceived by me on (date)		·				
	☐ I personally served	d the summons on the indi	vidual at (place)				
			on (date)			; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)						
		,	a person of suital	ble age and discretion who res	sides there,		
	on (date), and mailed a copy to the individual's last known address; or						
	☐ I served the summ	, who is					
	designated by law to	accept service of process	on behalf of (name	ne of organization)			
			on	(date)	; or		
	☐ I returned the summons unexecuted because				; or		
	☐ Other (specify):						
	My fees are \$	for travel and \$		for services, for a total of \$	0.00		
	I declare under penalt	ty of perjury that this infor	mation is true.				
Date:							
Dute.				Server's signature			
		_		Printed name and title			
		_		Server's address			

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

Western District of Texas							
MEDICAL INSTITUTE FOR SEXUAL HEALTH)))							
- $ -$							
v.)	Civil Action No. 1:17-cv-960						
EXPERT HEALTH DATA PROGRAMMING, INC., et al.							
Defendant(s)							
SUMMONS IN A CIVIL ACTION							
To: (Defendant's name and address) Daniel Aaron Goldman 1608 Glennwood Ave SE Renton, WA 98058							
A lawsuit has been filed against you. Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Debra Coleman Coleman, P.C. P.O. Box 161957 Austin, TX 78716							
If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.							
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Date:							
	Signature of Clerk or Deputy Clerk						

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was ic	·	·					
	i personally served	the summons on the individual	on (date)				
	☐ I left the summons at the individual's residence or usual place of abode with (name)						
	, a person of suitable age and discretion who resides there,						
	on (date)						
	\square I served the summons on (name of individual), w						
	designated by law to a	accept service of process on beh	alf of (name of organization)				
		on (date)					
	☐ I returned the summ	I returned the summons unexecuted because					
	☐ Other (specify):						
	My fees are \$	for travel and \$	for services, for a total of \$	0.00			
	I declare under penalty of perjury that this information is true.						
Date:							
			Server's signature				
			Printed name and title				
			Server's address				

Additional information regarding attempted service, etc: